Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		06/01/2008
(1) Coverage	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage		
3. Liability Other Than Auto		
4. Burglary and Theft	16,234	-6.2%
5. Glass		
6. Fidelity	29,626	-25.0%
7. Surety		
9. Fire		
10. Extended Coverage		
12. Homeowners		
13. Commercial Multi-Peril 14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain territory (terr	itories) or certain classes? If so, specify: <u>h</u>	<u> </u>
Brief description of filing. (If filing follows rate # LI-CR-2007-115	es of an advisory organization, specify org	anization): ISO - Reference Circular
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	n will result from application of new rates.	
	Retail Grocers Program	nsurance Company, #19860-0457
		U, AIC, Director of Filings Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

JAN 23 2008

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in company's premium or rate level produced by rate revision effective		6/1/2008
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft	\$2,422	-25.0%
5. Glass		
6. Fidelity	\$12,001	-6.2%
7. surety		
8. Boiler and Machinery		
9. Fire		
Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain territory (terr	itories) or certain classes? If so, specify:	No
Brief description of filing . (If filing follows re Adoption of ISO Loss Cost	tes of an advisory organization, specify organ	ization):
*Adjusted to reflect all prior rate changes. **Change in Company's premium level where the state of the stat	nich will result from application of new rates.	
	Westport Ins	urance Corporation,
		Name of company
	John Bau	er - Assistant Vice President
		Official-Title

